

Case Number:	CM13-0057574		
Date Assigned:	12/30/2013	Date of Injury:	12/11/2009
Decision Date:	04/10/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 56-year-old female who sustained an injury to her low back and bilateral knees as a result of a fall on December 11, 2009. Specific to the claimant's right knee, there is a recommendation for operative intervention in the form of arthroscopy with partial medial meniscectomy based on failed conservative measures. This procedure has been approved by utilization review. The specific clinical request in this case is for purchase of a cryotherapy unit for use in the claimant's postoperative course of care.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PURCHASE OF A COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD),

Decision rationale: The purchase of the cold therapy device would not be medically indicated. The ODG recommends the use of cryotherapy following knee arthroscopy for seven days including home use, and the purchase of this device is not supported by guidelines. The specific

clinical request for purchase exceeds the seven days and therefore is not medically necessary and appropriate.